North & Starlis Compts.

REPORT

ON THE

MORTALITY

OF

EDINBURGH AND LEITH,

FOR THE MONTHS OF

MARCH, APRIL, AND MAY 1846.

BY

JAMES STARK, M. D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

EDINBURGH:
PRINTED BY STARK AND COMPANY.

MDCCCXLVI.

With & The die Country

REPORT

1168 800

TTIJATHOM

EDINBURGHAND LEIFH,

TO SHINOW ANT HOW

MARCH, APRIL, AND MAY ISTRUCT

JAMES SPARIC M.D. STATES STATES

Handazins desertoles el son acarece, acade ant so menue

PRINTED BY STARK AND COMPANY.

MINCH MALVE

Repart on the Mortality of

					HILA L.				
	ature.	Temper				meter	Baro		
sgual dange			- High		Range.		Low- est.	-dgiH tigh-	Month
36	18:47 42:81 38:15	28	68 68	1.60	1.48	59-48	28.86	80°08 40°08 80°04	Feb. March
	23.99		10	12-1	1.80			86.65	

REPORT, &c.

Month to and Total Still-Grand ander 60. 60. deaths born total.

Since the beginning of this year the mortality in Edinburgh has been unusually high. What makes this the more remarkable is the fact that last year the mortality was lower than for three previous years; and that this year there is no fatal epidemic prevalent among us to account for the increasing number of deaths. The average monthly mortality for the last six years amounted to 355; whereas the average monthly mortality of the five past months of this year amounts to 393—showing a mean in-

crease of 37 deaths per month.

The Registrar-General's Reports put it in our power to compare the mortality here with that of London and of England since the beginning of the present year. From these we learn that London, unlike Edinburgh, has been unusually healthy this season; in fact, healthier than it has been for a period of eight years at least. It is a very curious circumstance, however, that though the same has been more or less the case with the southern and middle districts of England, the northern division has not been so highly favoured, and has more nearly resembled Edinburgh in exhibiting

an increased mortality.

The low rate of mortality in London is with great justice ascribed by the Registrar-General to "the extraordinary mildness of the winter of 1846;" and the striking fact is stated that, excepting two weeks, the mean temperature since January has always been above 40°. As a natural consequence of this the range of temperature has been small. In Edinburgh, on the other hand, the winter, though open and mild, and the mean monthly temperature never below 42°, exhibited many sudden alternations of temperature, which are always noticed to be prejudicial to health. Thus, for instance, in London during March the range of the thermometer was 27° only, and in April the same; while in Edinburgh during March the range of temperature was 46°, and in April 39°. No wonder, therefore, that our mortality should be high, because, other things being equal, it is these sudden alternations of heat and cold which render one country or situation more unhealthy than another.

With the view of directing the attention more particularly to the connection of mortality with atmospheric agencies, but especially with temperature, the following table is drawn up—the mortality being limited to

Edinburgh alone.

TABLE I.

		Baro	meter.	Temperature.					
Month.	High- est.	Low- est.	Mean.	Range.	Rain.	High- est.	Low- est.	Mean.	Range
Jan.	30.18	28.52	29.09	1.66	2.64	59°	25°	42.47	34°
Feb.	30.04	28.56	29.43	1.48	1.60	64	-28	42.31	36
March,	3020	28.56	29.30	1.64	0.97	63	17	42.15	46
April,	30.00	28.70	29.59	1.30	2.88	64	25	44.22	39
May,	29.98	28.72	29.60	1.26	1.21	70	31	53.00	39

		Mortality.									
Month.	15 and under.	15 to 60.		Total deaths.		Grand total.					
Jan	167	136+6	73	382	27	409					
Feb.		112-7		327	27	354					
March,	164	158+6	73	401	33	434					
April,	155	138+2	82	377	16	393	-				
May,	158	136+2	od 6 lass	356	palm	377	SINCE				
ible is t	SHIBMSI	oyom s	this the	makes	What	dpid v	usuall				

Note.—Canaan Cottage, where the meteorological registers are kept, is situated about a mile to the south of Edinburgh, in latitude 55° 57°, and is 246 feet above the mean level of the sea.

The following tables exhibit an abstract of the mortality in Edinburgh and Leith for the months of March, April, and May, classified according to ages and diseases. It may be remarked that the numbers given include as nearly as possible the absolute amount of deaths in each place respectively; as in addition to the returns from the burying-grounds, and the medical certificates, the principal undertakers have kindly furnished me with the particulars of those cases where the bodies were removed for interment beyond the bounds of Edinburgh. All those cases brought from the country to the Royal Infirmary are excluded—the tables being limited to the residenters in Edinburgh and Leith. It is to be regretted that the classified table of diseases for Leith should be so very imperfect for the months of March and April. This resulted from the imperfections of the plan of registration adopted at South Leith, but it is to be hoped that this will not again occur, and that nothing in future will prevent the diseases there being returned as completely as for Edinburgh.

sequence of this the range of the HABLEART has been small.

EDINBURGH TABLE OF AGES. March. April. May. Age. M. F. Tot. M. F. Tot. M. F. Tot. Still-born, 23 10 33 11 5 16 17 4 21 1 year and 1 45 30 75 43 35 78 42 34 76 under 1 1 1 7 18 16 11 27 10, 10 7 14 16 6 5 11 9 8 17 15, 11 7 18 1 3 7 4 3 7 2 3 5 20, 11 7 1 4 11 9 4 13 13 9 22

March. VIII. April. May.										
Ages.	M.	Far	Tot.	MA	TF.	Tot.	M.	F.	Tot.	
30 years,	21	15	36	11	17	28	11	23	34	
40,	16	18	34	13	11	24	114	7	21	
50,	27	19	46	23	20	43	14	14	28	
60,	16	15	31	12	18	30	17	14	31	
70,	12	22	34.	16	18	34	13	8	21	
80,	9	16	25	15	16	31	011	17	28	
90,	4	6	10	4	10	14	1	11	12	
100,	0	4	4	- 1	2	3	0	0	0	
Not stated,	2	4	6	hous I	1	2	T I	1	2	
Myamp our		-	and the same	-	E REIN				30	
Total,	229	205	434	197	196	393	197	181	378	

TABLE III.

EDINBURGH TABLE OF DISEASES.

mingt	in a bodiely space	9		8 111	SCHOLAS			=	20%
Class.	Diseases	Marc	April	May.	Class.	Diseases.	Marc	Apr	Ma
morell.	Small-pox, (vac-	131	1	OF I		Consumption,	64	157	67
Beinh	cinated,)	0	1	1		Lung disease,	3	1	0
	,	1	2	1 5	HAIV.	Pericarditis,	1	0	0
	Measles,	28	22	20	RIED	Heart disease,	6	7	5
	Scarlatina,	0	1	2	VI.	Teething, .	6	9	6
Aurie	Hooping cough,	13	17	18	7 5	Enteritis, .	7	9	6
	Croup, Croup,	8	8	3		Peritonitis,	3	3	1
	Thrush, .	10	4	6	o. broke	Tabes mesenter.		7	12
	Diarrhœa,	2	.3	5	7 1 1	Ulcer. of stomac	ch	T. P.T.	
the state of	Dysentery,	1	0	0	8 11 3	or intestines,	101	0	2
for st	Influenza,	1	0	0	To a	Hernia, .	2	0	0
Street to	Remittent fever,	2	2	2	3 7 7	Colic or ileus,	0	1	1
	J Prince revers	21	16	11	5 5	Hæmatemesis,	1	0	0
	Erysipelas,	6	5	7	1 4	Stomach disease		0	1
2019	Syphilis,	1	0	1	G to Su	Jaundice,	1		1
11.	Hæmorrhage	0	1	3	1 2	Liver disease,	3	2	2
1 1	Dropsy,	11	11	12	VII.	Ischuria, .	0	0	1
	Abscess,	TA PER	0	0		Diabetes, .	1	1	0
	Mortification,	0	1	1		Stone,	des	1 11	0
Barre	Scrofula, .	0		0	Gerral	Kidney disease,		1	2
	Cancer,	3	3	1	V111.	Child-birth,	1	3	2
	Debility,	16	17	15	9 2	Puerperal fever	, 2	0	3
TIT	Sudden death,	2		0	-1 22	Paramenia,	2	0	0
65 01	Cephalitis, .	4	0	2	TV	Disease of uter	15, I	0	1
	Hydrocephalus,	22	14	19	1.X.	Rheumatism,	2	0	2
	Apoplexy,	9	5	9	DEGET	Spine and joint		100	in,
ell the	Paralysis,	Tip.	10	7	To olde	disease,	-	3	4
dreft.	Convulsions,	1	SDOW	१ (डिवेड)	osib ai	Skin disease,	0,	oixo	nzel
litylor	Epilepsy, Insanity,	1	101 70	THOP?	XI.	Fistula,		da p	96
Bushed	Delirium tremen	9	THE REAL PROPERTY.	do		Old age, Intemperance	36	45	36
	Disease of Brain		4	20	d tolds	Privation,	444	0	dad o
TV	Laryngitis, .	2 0	Ann	0	lly deel	Violent deaths:	basi	SELLE	ALLIA .
Hosel 8	Quinsey,	9	0	0	alphion	suicides,		13	non.
	Bronchitis, .	2	3	1	XIII	Still-born,	33	16	91
	Pneumonia, .	18	21	20		s not specified,			21
	Hydrothorax,	1	5	3	Cause	s not specifica,	1 19	ind3	SHIF
	Asthma,	10	6	3	FIT STU	Total,	121	309	279
	interior in the second	. 0			1	. Invitate	734	090	310

May.

00		.W.	LEIT	'H TA	BLE	OF A	GES.	. W		th
3.5	23	A SOUR	March	21	11	Apri	1. 31	18	M	ay.
15	Ages.	M.		Tot.	M.	F.	Tot.	M.	F.	Tot.
	ill-born,	4	i	5	3	0	3	2	5	7
1	year & un	der 7	4	1103	3	3	6	11	4	15
2,		2	1	3	2	3	5	4	2	6
5,		0	1	101	2	108	3	3	2	5
10,	ride Calore	0	1	100	1	0	1	0	0	0
15,	and a story	1 1	7 1 3	2	0	0	0	0	0	0
20,	M. M.	3	0	3	0	1	Jah	2	0	2
30,	181	197	208	6001	3	3	6 609	3	2 5	5
40,		2		0	2	2	4			11
50, 60,	•	2	4	6 1111	HARAA	1	5	2	2	4
70,	•	LENIS	DISEA	210 H	3 A	0	MBRA	1(2)	5	
80,	Same in	3	4.	7	1.	9	6	0	5	5
90,	10 0	008	ssenly	O.Real D	2	O	9	iseemes	6	0
1	ing jugs	Pa	1	1 100-1	1 5		-			
67	Total,	36	24300 6	0	31	18	49 -089	3700	35	.72
0	1 0	name	ich werer ?	17150	11-1-1	1 100	0	of training	PETER	. ~

do, not vaccinat. 1. 2.V 3JBATV. Pencarditie.

LEITH CLASSIFIED TABLE OF DISEASES.

43	o , gamens	1 1	Atomical	551111511151		
Class.	Diseases.	Ē	ay.	B TI EL deuen gnig El	ř	2
Class.	& Diseases timo E	A	May	Class. Diseases.	AI	N
1 18	lustes mesenter, 11M			Tisach 10 4. 6	1	
1.	Measles, 0	0	3	IV. Laryngitis,	1	1
8 0	Hooping cough, 2	2	6	Bronchitis, 0	0	1
0 100	Croup, O	2	0	Pneumonia,	0	4
-	Thrush, 0	0	1	Asthma, 0	0	2
11 11 11	Influenza, 0	0	- 1	Hydrothorax	1	0
r Ph	Typhus fever, 1	1	2	Consumption, 4	4	8
1 198	Erysipelas, 0	1	1	V. Heart disease, 0	3	3
H.	Dropsy, 0	1	2	VI. Dis. of diges. org. 2	6	7
2 2	Debility, . 3	0	77]	VII. Stone, . 1	0	0
1 0	Other diseases of	2 02 6	4	VIII. Child-birth,	0	1
0	uncertain seat, 0	0	4	Puerperal fever, 0		1
TIT	Cephalitis, (mi-	0	12		0	1
S 111.		1		XI. Old age,	1	5
8 8	ningitis,) 0	3 4	12	XII. Violent deaths, 0	1	2
	Hydrocephalus, 0	1	2	XIII. Still-born, 5	3	7
0 0	Paralysis, 0	3	2	Not specified, 31	10	0
1 0	Convulsions, 0	0	1	S . O . A girllustra()	-11	1-
0 0	Epilepsy, 0	0	1 1	Total, 60	49	72
	Disease of brain, 0	1	1	O a O. voulum A		

From the above classified table of diseases it will be seen, that, with the exception of the usual children's diseases, measles and hooping-cough, there is no epidemic disease among us to account for the increased mortality of the present year. Typhus fever, which in the earlier months attacked persons of all classes, but was not by any means very prevalent, has during the last month materially declined, and the fatal cases have been confined to the lower and middle classes. Erysipelas alone has been somewhat more prevalent.

Small-pox, from which Edinburgh has been unusually free this year, has during the last month made its appearance in several localities, and proved fatal in six instances. As usual, it has chiefly attacked those who were not vaccinated.

Only one of the fatal cases during March was reported to be vaccinated, but on making particular inquiry I have not been able to get satisfactory proof that such was the case. The fatal vaccinated case in April was twice successfully vaccinated, yet took unmodified small-pox and died under it. Even though such a person had taken small-pox itself and recovered, he would, in all likelihood, have been as liable as ever to a second attack. Two such instances I have witnessed in my own practice, in which children, after successful vaccination, took unmodified small-pox on being exposed to its contagion; and after the lapse of about a year were again successfully vaccinated, yet were seized with unmodified small-pox a second time, from being taken to a house in which lay a small-pox patient. My own conviction is, that these persons remain as liable to a third attack as if they had never been vaccinated, or had never taken small-pox.

The fourth class of diseases, those of the respiratory organs, are those which over Europe cut off the greatest proportional number of persons, very nearly an exact third of the mortality belonging to that class. might be expected, these diseases are somewhat less prevalent in one locality than in another; but it does not seem to follow, that the less the mortality is in proportion to the population, the less should be the proportion of deaths from diseases of the respiratory organs. London and Edinburgh are very good examples of the general truth of this remark. In London during the past months of this year, the mortality has amounted to only I in 103 living. In Edinburgh during the same period, the mortality, (excluding the still-births,) has been 1 in 76, or between a fourth and a fifth higher than in London for the same period. In London, however, the deaths from diseases of the respiratory organs, including hooping-cough and croup, were in the proportion of 376 to every 1000 deaths; whereas in Edinburgh, the same diseases were to the 1000 deaths in the low proportion of 292, showing a difference in favour of the superior salubrity of Edinburgh to the extent of 84 out of the 1000 deaths, and this too in a year when the mortality is above the average.

The safest way, however, to estimate the proportional mortality of diseases is to compare their proportion both with the population and with the total deaths. Estimated in this way, London has lost from diseases of the respiratory organs, including hooping-cough and croup, 1 in every 273 of its present population, or, as above stated, in the proportion of 376 out of every 1000 deaths. Edinburgh, during the same period, has lost 1 in every 260 of its present population from these diseases, or in the proportion of 292 out of the 1000 deaths. If the deaths from consumption alone be estimated in the same way, it is found that in London 1 has died out of every 733 living, or in the proportion of 140 out of the 1000 deaths, whereas Edinburgh has lost from the same cause 1 out of every 501 living,

or in the proportion of 150 out of every 1000 deaths.

In my first report I was led into an error as to the still-births being registered in England, in consequence of the Statistical Nosology, stating that premature births were registered under the head of debility, and in consequence of an explanatory note being appended, which quoted a passage from Dr Granville's work referring exclusively to still-births. I am, however, informed by the Registrar-General, that still-births are not registered in the English tables of mortality. This appears to me to be an important oversight, because in questions affecting the condition and health of the inhabitants, many important conclusions may be drawn from an accurate statement of the particulars connected with still-births. M. Lugol, in his Researches on Scrofula, attributes the mortality of the fætus in utero to the existence of the scrofulous constitution in one or both parents, and unless means are used to register such facts both in town and country, no data can be procured for the confirmation or refutation of such statements.

²¹ Heriot Row, June 1846.

Only one of the fatal cases during March was reported to be vaccinated, but on making particular inquiry I have not been able to get sa-tisfactory proof that such was the case. The fatal vaccinated case in April was twice successfully vaccinated, yet took unmodified small-pox and died under it. Even though such a person had taken small-pox itself and recovered, he would, in all likelihood, have been as liable as ever to a second attack. Two such instances I have witnessed in my own practice, in which children, after successful vaccination, took unmodified small-pox on being exposed to its contagion; and after the lapse of about a year were again successfully vaccinated, yet were seized with unmodified small-pox a second time, from being taken to a house in which lay a small-pox patient. My own conviction is, that these persons remain as liable to a third attack as if they had never been vaccinated, or had never taken small-pox.

The fourth class of diseases, those of the respiratory organs, are those which over Europe cut off the greatest proportional number of persons, very nearly an exact third of the mortality belonging to that class. As might be expected, these diseases are somewhat less prevalent in one locality than in another; but it does not seem to follow, that the less the mortality is in proportion to the population, the less should be the proportion of deaths from diseases of the respiratory organs. London and Edinburgh are very good examples of the general truth of this remark. In London during the past months of this year, the mortality has amounted to only 1 in 103 living. In Edinburgh during the same period, the mortality, (excluding the still-births.) has been 1 in 76, or between a fourth and a fifth higher than in London for the same period. In London, however, the deaths from diseases of the respiratory or gaps, including hooping-cough and croup, were in the proportion of 376 to every 1000 death's; whereas in Edinburgh, the same diseases were to the 1000 deaths in the low proportion of 292, showing a difference in favour of the superior salubrary of Edinburghito the extent of 84 out of the 1000 deaths, and this too in a year when the mortality is above the average.

The serest way, however, to estimate the proportional mortality of diseases is to compare their proportion both with the population and with the total fleaths. Estimated in this way, London has lost from diseases of the respiratory organs, including hooping-cough and croup, I in every 273 of its present population, or, as above stated, in the proportion of 376 out of every 1000 deaths. Edinburgh, during the same period, has lost I in every 260 of its present population from these diseases, or in the proportion of 292 out of the 1000 deaths. If the deaths from consumption alone be estimated in the same way, it is found that in London 1 has died

or in the proportion of 150 out of every 1000 deaths.

In my first report I was led into an error as to the still-births being registered in England, in consequence of the Statistical Mosology, stating that premature births were registered under the head of debility, and in consequence of an explanatory note being appended, which quoted a passage from Dr Granville's work referring exclusively to still-births. I am, however, informed by the Registrar-General, that still-births are not registered in the English tables of mortality. This appears to me to be an important oversight, because in questions affecting the condition and health of the inhabitants, reany important conclusions may be drawn from an accurate statement of the particulars connected with still-births. M. Lugol, in his Researches on Scrofula, attributes the mortality of the factus in afero to the existence of the ecrofulous constitution in one or both parents, and unless means are used to register such feets both in town and country, no data can be procured for the confirmation or relutation of such

21 Heriot Row, June 1846.